Florida Department of Health in

Pinellas County

Strategic Plan 2019-2021

Version 1.1

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Produced by

The Florida Department of Health in Pinellas County

Strategic Planning Committee

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Mission, Vision and Values

Mission – Why do we exist?

To protect, promote and improve the health of all people in Florida through integrated state, county and community efforts.

Vision – What do we want to achieve?

To be the Healthiest State in the Nation.

Values – What do we use to achieve our mission and vision?

I nnovation: We search for creative solutions and manage resources wisely.
C ollaboration: We use teamwork to achieve common goals & solve problems.
A ccountability: We perform with integrity & respect.
R esponsiveness: We achieve our mission by serving our customers & engaging our partners.
E xcellence: We promote quality outcomes through learning & continuous performance improvement.

Executive Summary

The Florida Department of Health in Pinellas County (DOH-Pinellas) initiated a new strategic planning process in August 2018. The process involved a strategic planning team including senior leadership, program managers, quality improvement (QI) team leads, planners, front line staff and other relevant staff. External stakeholders were also engaged in the planning process through multiple channels that included Community Health Action Team (CHAT) meetings (see Appendix C).

DOH-Pinellas approached the strategic planning process with several objectives in mind, including re-focusing efforts on core public health functions and ensuring the provision of essential public health services.

DOH-Pinellas also sought to articulate what we plan to achieve as an organization, how we will achieve it and how we will know if we have achieved it. Quarterly monitoring will take place (see appendix B). The DOH-Pinellas Strategic Plan was developed to clarify the course and direction of the agency for consumers, employees, community partners, administrators and legislators seeking to understand the work of Pinellas County public health. Our strategic plan is intended to position DOH-Pinellas to operate as a sustainable local health office within Florida's integrated public health system, under current economic environment and to give our customers high-quality public health services.

Our strategic planning process resulted in identifying three critical priorities. These strategic priorities represent the synthesis and integration of information, data, opinions, perceptions and issues examined by the DOH-Pinellas strategic planning team. DOH-Pinellas strategic priorities are:

1. Long Health Life
2. Readiness for Emerging Threats
3. Effective Agency Processes

These priorities aided in the development of goals, strategies and objectives and will shape decisions about resources and actions.

The result of the strategic planning process is a well-crafted road map that we will review and revise annually to meet emerging challenges and opportunities.

Background and Overview

Public health touches every aspect of our daily lives. By definition, public health aims to provide the maximum benefit for the largest number of people. It is what we do collectively to assure conditions in which people can be healthy. Public health is a well-established science that has been in practice for hundreds of years. It is based upon the social, behavioral, environmental, biological and socioeconomic factors that impact population-wide health.

The overarching goal of public health is to protect and improve the health of communities through education, promotion of healthy lifestyles and research for disease and injury prevention. Through research, surveillance and data analysis, we develop programs and policies that protect the health of the entire community.

Demographics

The Florida Department of Health in Pinellas County serves a population of 961,253.

Where we live influences our health. Demographic, socioeconomic and environmental factors create unique community health service needs. A key characteristic that sets Pinellas County apart is that there is a large population over 45.

Population by Age
Pinellas County and Florida

	County – 2017	State – 2017
Age Group	**Total Percentage**	**Total Percentage**
< 5	4.5%	5.5%
5 - 14	9.4%	11.3%
15 - 24	10.0%	12.3%
25 - 44	22.8%	25.0%
Subtotal	46.7%	54.1%
45 - 64	29.9%	20.4%
65 - 74	12.5%	16.8%
> 74	11.0%	8.7%
Subtotal	53.4	45.9%

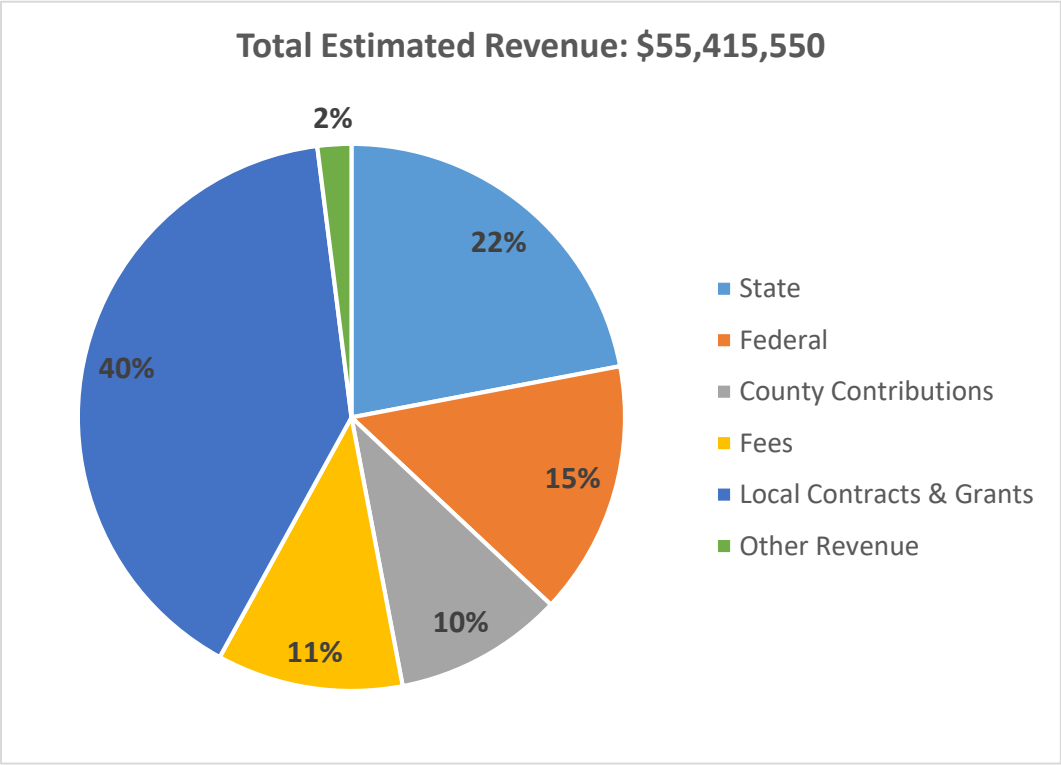
Source: 2013-2017 American Community Survey Five-Year Estimates

Background and Overview

Budget and Revenue

The Florida Department of Health in Pinellas County financial resources are provided through multiple sources. These include fees, grants and budget allocations from the County, State and Federal governments.

The Florida Department of Health in Pinellas County
Revenue Percentage by Source
Fiscal Year 2017 – 2018

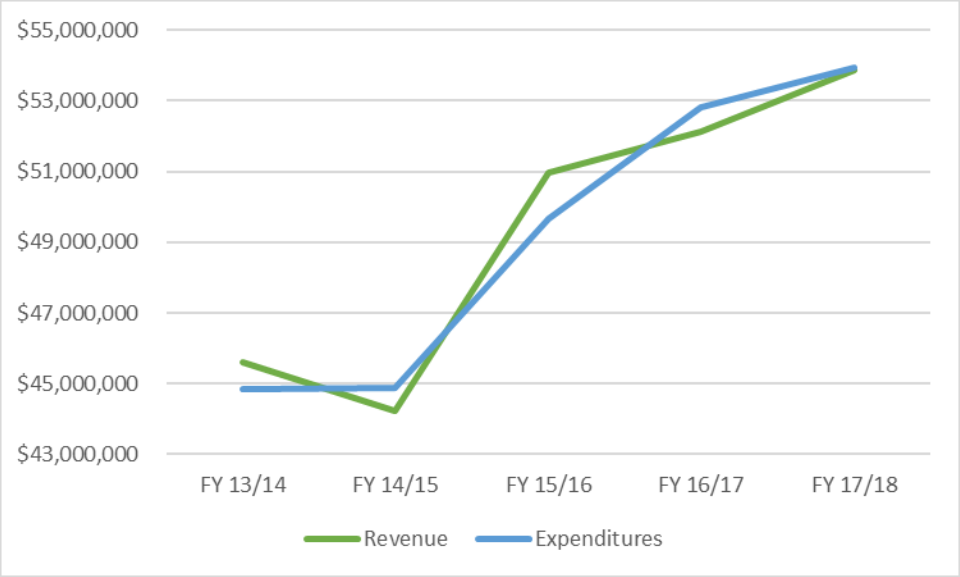


Background and Overview

Budget and Revenue

Some of the changes affecting our services and programs include the advent of Statewide Managed Medicaid and state and federal cuts to the Florida Department of Health in Pinellas County. The graph below represents our revenue and expense relationship over the past five years. As illustrated, the revenue and expenditures seem to follow a similar trend.

The Florida Department of Health in Pinellas County
Revenue and Expenses 2014 – 2018



Background and Overview

Programs and Services

Some of the most effective strategies for improving public health include policies and programs that shape the environment and create opportunities for healthier behaviors. This is the basis for the Florida Department of Health in Pinellas County's commitment to providing the highest standards of public health through the following core functions and services:

Environmental Health
We protect the health of the community by monitoring and regulating environmental activities which may contribute to the occurrence or transmission of disease by ensuring safe drinking water, safe food, proper sewage disposal, clean swimming pools, complaint investigations and enforcement of public health laws.

Communicable Disease Control
We protect the health of the community through the surveillance, monitoring, and prevention of infectious and communicable diseases. Activities include investigating contagious disease cases and outbreaks, sexually transmitted infections (STI) detection and control, AIDS/HIV treatment and education, immunizations and tuberculosis (TB) control.

Public Health Preparedness
We partner with the local healthcare system, emergency management, government and the community on preparedness and response to natural and man-made disasters. The preparedness effort focuses on developing critical capabilities necessary for an effective disaster response to keep the community safe and minimize loss.

Family Planning
We offer education and counseling to help women plan their families and improve their reproductive health and birth outcomes.

Community Health
We plan and implement programs to promote healthy behaviors and reduce chronic disease through education, community outreach and collaborative partnerships.

Women, Infants and Children (WIC)
We provide nutrition education and counseling, breastfeeding support and healthy foods to eligible pregnant, breastfeeding and new moms, infants and children up to age five.

School Health
We collaborate with the local school boards to improve student health by offering immunizations, vision and hearing screenings and tracking of physical development in all children.

Vital Statistics
We maintain Florida birth and death records locally and are able to assist with birth, death, marriage and divorce records for all fifty states. Using data collected by our office, we are able to assist the state with tracking causes of morbidity and mortality - two main indicators of health status.

Background and Overview

Strengths, Weakness, Opportunities and Threats (SWOT) Analysis*

Strengths (Internal)

- Access to a variety of health data
- Scope of services
- Funding and financial stability
- Visionary leadership
- Clear organizational structure
- A mission-oriented workforce
- A growing focus on health equity and the social determinants of health (SDOH)
- Accreditation, evidence-based programs and best practices
- Innovative programs, service delivery and communication
- Integrated public health system
- QI Culture and Performance Management System
- Workforce development
- Communication from the top down

Weaknesses (Internal)

- Internal communication
- Lack of "focused" QI internal to Divisions/Departments
- Staff recruitment, turnover and retention
- Need for more in-depth health equity training
- Lack of succession planning
- Bureaucracy in implementing innovative ideas
- DOH policy and procedure restrictions
- Limited funding streams
- Limited collaboration between and within departments

Opportunities (External)

- Collaboration & community partnerships
- Connecting community partners
- Resource-rich environment
- Use of technology, traditional and social media
- Integrated approaches to aid in data collection, delivery and marketing of services
- Accreditation process for continuous QI
- Diverse funding and grant opportunities
- Trending focus on health equity and social determinants of health
- Cutting edge programming
- Recognition of achievements (State & Nationally)
- Staff recruitment, turnover and retention
- Continuous Health in All Policies(HIAP) initiatives

Threats (External)

- Political uncertainty
- State-level DOH policy changes
- Funding issues
- The effect of SDOH
- Environmental and/or climate changes
- Unpredictable market demand
- Access to care issues
- Technology limitations

*See Appendix B for a description of the SWOT process

Priorities

Strategic Priority Area: Long, Healthy Life
Goal: Increase healthy life expectancy, including the reduction of health disparities to improve the health of all groups

Strategies:
1. Reduction of racial disparities in infant mortality
2. Increase initiation and duration of breastfeeding rates
3. Promote healthy weight in youth
4. Reduce incidence of chronic disease
5. Increase access to care

Strategic Priority Area: Readiness for Emerging Health Threats
Goal: Demonstrate readiness for emerging threats and health disparities

Strategies:
1. Increase vaccination rates
2. Promote prevention of HIV and STDs

Strategic Priority Area: Effective Agency Processes
Goal: Establish a sustainable infrastructure and standardized business practices

Strategies:
1. Improve internal and external communication
2. Promote a culture of QI
3. Build capacity for health equity (HE)
4. Focus on workforce development

Strategies and Objectives

Strategic Priority Area: Long, Healthy Life

Goal 1.1: Increase healthy life expectancy, including the reduction of health disparities to improve the health of all groups

Strategies	Indicators	Source
Strategy 1.1.1: Reduction of racial disparities in infant mortality	**Objective A:** Reduce the three-year rolling average of black infant mortality rate from 11.5 (2015-2017) to 10.5 per 1000 live births between April 1, 2019 and December 31, 2021	**Florida Charts**
Strategy 1.1.2: Increase initiation and duration of breastfeeding rates	**Objective A:** Increase percentage of Women Infants Children (WIC) clients who report ever breastfeeding from 80.3% (2018 Q3) to 83% between April 1, 2019 and December 31, 2021 **Objective B:** Increase the Women Infant Children (WIC) overall breastfeeding duration at six months from 28.6% (2018 Q3) to 30% between April 1, 2019 and December 31, 2021	**A: FDOH Pinellas WIC** **B: FDOH Pinellas WIC**
Strategy 1.1.3: Promote healthy weight in youth	**Objective A:** Increase the percentage of third graders (School Year 2017/2018) in public schools in Pinellas that are at healthy weight by sixth grade from 59% to 62% between June 2018 and June 2021	**HMS – Local School Health Mandatory Screenings**
Strategy 1.1.4: Reduce incidence of chronic disease	**Objective A:** Increase the rate of colorectal cancer screening for adult primary care clients 50-75 years of age from 48.17% (2017-2018) to 60% between April 1, 2019 and December 31, 2021 **Objective B:** Decrease percentage of adults who currently smoke from 20.3% (2016) to 19.8% between April 1, 2019 and December 31, 2021 **Objective C:** Decrease youth aged 11-17 who currently inhale nicotine from 22.2% (2018) to 19.1% between April 1, 2019 and December 31, 2021	**A: Pinellas Clinical CRC Monthly LOGI Report** **B: Florida Charts** **C: FYTS**
Strategy 1.1.5: Increase access to care	**Objective A:** Increase the number of children with access to care through school-based health clinics from 3,642 (2017-2018) to 4,000 between April 1, 2019 and December 31, 2021 **Objective B:** Decrease the rate of preventable medical- and dental-related hospitalizations among primary care clients from 6.2% (2017-2018) to less than 5% between April 1, 2019 and December 31, 2021	**A: FDOH Pinellas School Based Clinic** **B: FDOH Pinellas Hospital Data Report**

Strategic Priority Area: Readiness for Emerging Health Threats

Goal 2.1: Demonstrate readiness for emerging threats and health disparities

Strategies	Indicators	Source
Strategy 2.1.1: Increase vaccination rates	**Objective A:** Increase certification of immunization percentage of kindergarten children from 92% (School Year 2017/2018) to 95% between April 1, 2019 and December 31, 2021 **Objective B:** Increase the percent of completion of 1st dose of MenB for ages 16-23 years old from 10.56% (May 2019) to 15% between January 1, 2020 and December 31, 2021	**Compulsory Immunization Status Report**
Strategy 2.1.2: Promote prevention of HIV and STDs	**Objective A:** Decrease cases of Chlamydia infections in non-Hispanic females between ages of 15-29 years from 54% (2017) to 40% between April 1, 2019 and December 31, 2021 **Objective B:** Decrease cases of Gonorrhea infections in non-Hispanic Black males from 47% (2017) to 37% between April 1, 2019 and December 31, 2021 **Objective C:** Reduce the rate per 100,000 of total early syphilis cases in Pinellas from 30 (2017) to 25 between April 1, 2019 and December 31, 2021 **Objective D:** Reduce the rate per 100,000 of newly diagnosed HIV infections in the Black population in Pinellas from 74 (2018) to 72 between January 1, 2020 and December 31, 2021 **Objective E:** Increase the proportion of AIDS Drug Assistance Program (ADAP) clients with an undetectable viral load from 91% (2017 Q4) to 92% between April 1, 2019 and December 31, 2021	**All: FDOH Pinellas Disease Control**

Strategic Priority Area: Effective Agency Processes

Goal 3.1: Establish a sustainable infrastructure and standardized business practices

Strategies	Indicators	Source
Strategy 3.1.1: Improve internal and external communication	**Objective A:** Increase DOH-Pinellas marketing opportunities and campaigns from zero (2018) to 12 between April 1, 2019 and December 31, 2021	**FDOH Pinellas Public Information**
Strategy 3.1.2: Promote a culture of QI	**Objective A:** Increase the number of lean six sigma quality improvement projects based on focused QI processes and daily business operations from zero (2018) to three between April 1, 2019 and December 31, 2021	**FDOH Pinellas Community Health & Performance Management**
Strategy 3.1.3: Build capacity for health equity	**Objective A:** Between April 1, 2019 and December 31, 2021, increase the number of DOH-Pinellas employees who completed Cultural Awareness: Introduction to Organizational Cultural Competence and Addressing Health Equity: A Public Health Essential online training from less than 1% (2018) to at least 95% **Objective B:** Increase the percentage of DOH-Pinellas clients who feel staff are culturally sensitive and respectful in a manner that fosters both a welcoming and comfortable environment, from 91% (2016) to 94% between April 1, 2019 and December 31, 2021	**A: FDOH Health Equity Office** **B: CLAS Survey**
Strategy 3.1.4: Focus on workforce development	**Objective A:** Increase DOH-Pinellas salaried position retention rate from 78.55% (FY 2017/2018) to 80% between April 1, 2019 and December 31, 2021	**FDOH-Pinellas HR**

Appendices

Appendix A: Members

The Florida Department of Health in Pinellas County
Strategic Planning Committee Members
as of Feb. 21, 2019

Dr. Ulyee Choe
DOH-Pinellas Director

Gayle Guidash
Assistant DOH-Pinellas Director, Director of Disease Control and Health Protection

Pervinder Birk
Director of Administrative Services

Christopher Gallucci
Planning Manager/Accreditation Lead

Margarita Hall
Public Information Director

Ray Hensley
Director of Maternal and Child Health

Dr. Nosakhare Idehen
CHA/CHIP/CHAT Lead

Linda Kahle
Medical Services Manager

Nida Khan
QI Consultant/Lead

Heath Kirby
Health in All Policies (HiAP) Lead

Wendi Lane
Training Consultant

Marisa Pfalzgraf
Director of Information Technology

Barbara Sarver
WIC Services Manager

Elizabeth Smith
Executive Community Health Nursing Director/Director of Community Health and Performance Management

Shanya Turner
Planner/Health Equity Team Lead

Melissa Van Bruggen
Director of Clinical Health Services

The Florida Department of Health in Pinellas County
Quality Improvement Council Members
as of Feb. 21, 2019

Kevin Baker
Biological Scientist
Disease Control & Health Protection

James Baird
Computer and Information Systems Manager
Information Technology

Faith Bornhoff
Director of Child Care Licensing Program
Disease Control & Health Protection

Lottie Brimm
Assistant Community Health Nursing Director
Clinical Health Services

Lisa Brown
Human Services Manager
Maternal & Child Health

Kathy Clark
Health Services Manager
Maternal & Child Health

Karen Coleman
Health Information Manager
Community Health & Performance Management

Michael Davis
Budget Supervisor
Administrative Services

Sonja Davis
Health Services Manager
Community Health & Performance Management

David Dodd
Computer Program Analyst
Information Technology

Sharlene Edwards
Public Health Services Manager
Disease Control & Health Protection

Christopher Gallucci
Planning Manager/Accreditation Lead
Community Health & Performance Management

Jennifer Geddes
Employee Wellness Nurse
Community Health & Performance Management

Victoria Gilley
Accounting Services Supervisor
Administrative Services

Jennifer Gray
Registered Nurse Consultant
Community Health & Performance Management

Gayle Guidash
Assistant DOH-Pinellas Director, Director of Disease Control and Health Protection
Disease Control & Health Protection

Maggie Hall
Public Information Director
Disease Control & Health Protection

Ray Hensley
Director of Maternal and Child Health
Disease Control & Health Protection

Karen Hodge
Dental Services Director
Clinical Health Services

Janice Howard
Accounting and Finance Manager
Administrative Services

Linda Kahle
Medical Services Director
Clinical Health Services

Nida Khan
QI Consultant/Lead
Community Health & Performance Management

Ewa Knitter
Biological Scientist
Disease Control & Health Protection

JoAnne Lamb
Public Health Services Manager
Disease Control & Health Protection

Abdiel Larueano-Rosario
Biological Scientist
Disease Control & Health Protection

Valarie Lee
Public Health Services Manager
Community Health & Performance Management

Sherry Lewis
Public Health Services Manager
Disease Control & Health Protection

Darius Lightsey
Public Health Services Manager
Disease Control & Health Protection

Charles Minor
Environmental Administrator
Disease Control & Health Protection

Linda Nastasi
Human Services Program Specialist/Contract Manager
Community Health & Performance Management

Stuart Nussbaum
Health Services Manager
Maternal & Child Health

Zoraida Ortiz
Public Health Services Manager
Clinical Health Services

Kristen Pate
Public Health Services Manager
Disease Control & Health Protection

Shelly Personette
Nursing Program Specialist
Disease Control & Health Protection

Dawn Quintana
HR Liaison
Administrative Services

Stephanie Sarlo
Assistant Community Health Nursing Director
Clinical Health Services

Barb Sarver
WIC Services Manager
Maternal & Child Health

Deb Shaffer
Health Services Manager
Community Health & Performance Management

Theresa Skipper
Public Health Services Manager
Clinical Health Services

Beth Smith
Executive Community Health Nursing Director/Director
Community Health and Performance Management

Samantha Staley
Human Services Program Consultant
Community Health & Performance Management

Audrey Stasko
Public Information Specialist
Disease Control & Health Protection

Rachel Steele
Biological Scientist
Disease Control & Health Protection

Dinah Tandih
Public Health Services Manager
Clinical Health Services

Shanya Turner
Planner/Health Equity Team Lead
Community Health & Performance Management

Melissa VanBruggen
Director
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Danielle Watkins
Public Health Nutrition Program Director
Maternal & Child Health

Jane Wilson
Assistant Community Health Nursing Director
Clinical Health Services

Kaila Yeager
Planning Consultant
Disease Control & Health Protection

Appendices

Appendix B: Planning and Monitoring Summary

Planning Summary

The Florida Department of Health in Pinellas County's Performance Management Council, made up of leadership, planning manager/accreditation lead, Planner/Health Equity Team Lead QI Consultant/Lead, CHA/CHIP/CHAT Lead, HIAP Lead and the Training Consultant, oversaw the development of the Strategic Plan.

The following is the Strategic Plan Schedule of Meetings/Action Completed:

DATE	ACTION COMPLETED
Aug. 15, 2018 **QI Council Meeting**	**Review - Strategic Plan 2016-2018 (Progress reports & updates)**
Sept. 4, 2018 **PMC Meeting**	**Share progress update - Strategic Plan 2016-2018** **Finalize - Timeline for Strategic Plan 2019-2021**
Oct. 2, 2018 **PMC Meeting**	**Review - Environmental Scan Packet** (*incl. revised 2018 state's strategic priorities, states strategy map 2016-2018, potential priorities from DOH-Pinellas Strategic Plan 2016-2018, relevant priorities from CHA/CHIP overview and QI plan. It also included PMC assessment results and latest CHAT meeting minutes.)*
Oct. 19, 2018 **Virtual SWOT Survey - for PMC**	**Complete - Online SWOT Survey** *PMC members completed the tool after looking at the Environmental Scan documents (above). In addition, each division/lead did an internal scan specific to their area, such as technology, sources of funding, staffing, trends and practices*
Oct. 29, 2018 **Virtual SWOT Prioritization - for PMC**	**Complete - Online SWOT Prioritization** *The Strengths, Weaknesses, Opportunities and Threats were ranked as major, moderate and minor. In addition, the opportunities were assessed on their feasibility and impact fullness.*
Dec. 3, 2018 **PMC Meeting**	**Link and Prioritize - SWOT** Finalize SWOT - completed SWOT Matrix Link SWOT - complete SWOT Linkage document to see how the four areas of SWOT align with each other (This helped to create strategies when completing the Strategy Map).

	Brainstorm - Priority and Strategies areas to look at the "Big Picture." Diagram showing the CHIP, Agency Plan and QI Plan priorities presented. Mind mapping/diagramming techniques were used to integrate them and create priorities for DOH-Pinellas. This discussion further developed into an actionable Strategy Map (draft 1), focusing on common themes and areas that are feasible and at the same time have the potential of creating the maximum impact. - CHIP priority areas (New Strategic Plan should support CHIP) - CHA and DOH-Pinellas data (benchmarks and areas relevant to DOH-Pinellas) - Agency Strategic Plan priority areas (New Strategic Plan should align with state, where and when possible) - DOH-Pinellas Strategic Plans 2016-2018 priority areas (New Strategic Plan should ensure continuity and progress in being aligned with its previous plan) - QI Plan (New Strategic Plan should support the QI Plan, where possible) - SWOT (Leverage Strengths and Opportunities maximize weaknesses and Threats) - SWOT Linkage – Visually show how Strengths, Weaknesses, Opportunities and Threats align (this helped in creating strategies)
Dec. 18, 2018 **PMC Meeting**	**Complete - Strategy Map Draft 2** Materials/Visual Aids: - Handouts- data and labelled sources (graphs, tables, charts, reports) for potential objectives with recommendations/feedback from program managers on setting targets - FL Charts, BRFFS reports, etc. (computer/projector) - DOH-Pinellas Performance Dashboard (computer/projector) - Interactive Strategy Map template (computer/projector) - SMART Objective Template Handout
December-January **(Divisional Communication)**	**Communicate - Directors share the Strategy Map with Divisions** - Program Managers and other relevant parties are shown the Strategy Map - Program Managers prepare for action planning
Jan. 8, 2019 **PMC Meeting**	**Review & Finalize - Strategy Map Draft 3** - Further information presented on "to be discussed further objectives." (Data, reports and recommendations by program managers, leads and other relevant staff)

Jan. 16, 2019 **QI Council Meeting**	**Create Action Plans - For all objectives** - QI Council is divided into three teams (according to priority areas) - Objectives assigned
March 12, 2019 **PMC meeting**	**Review - Final draft of Agency Strategic Plan and Action Plans**

The above table gives a summary of the strategic planning process. The DOH-Pinellas Strategic Planning process took between six to seven months and included six face-to-face PMC meetings, two face-to-face QI Council Meetings, and several modes of communication to collect feedback. Several tools were used to collect feedback including a virtual SWOT survey, virtual SWOT prioritization survey and interviews with program managers or other related staff members.

In preparation for the SWOT analysis, the Strategic Planning Lead and QI Consultant summarized data from the Community Health Assessment, the Community Health Improvement Plan, the Agency Strategic Plan, DOH-Pinellas Strategic Plan 2016-2018, Quality Improvement Plan and the PMC Assessment Report. This data was then sent to all PMC members along with a virtual SWOT survey. While completing the SWOT survey, each division leader/leads looked at their internal data, reports and trends. This included Workforce Development Plan, PH Wins survey results, financial reports, information technology trends, internal and external communication (e.g. surveys) and customer satisfaction data. They also interviewed key stakeholders. The information then was organized in a SWOT linkage tool and a SWOT Tool.

The SWOT linkage document, the SWOT (along with prioritization) and the Environmental Scan packet were presented to the PMC Team, who reviewed the findings and had a facilitated discussion of agency strengths, weaknesses, opportunities and threats based on these findings. They included information management, communications, programs and services, budget (financial sustainability), workforce development and performance management as items for discussion in their SWOT meeting.

During a brainstorming session in a PMC meeting, mind mapping/diagramming techniques were used to set priorities. Decisions were informed by the priorities for CHIP, Agency Strategic Plan and QI plan on the diagram, as well as the SWOT analysis. Cross connections were made using mind mapping techniques. PMC members shortlisted priorities and chose strategic areas and objectives based on impact and feasibility. The goal was to shortlist strategic areas which would support the CHIP, align with the Agency Strategic Plan, ensure continuity and progress of the previous DOH-Pinellas Strategic Plan, reinforce the QI Plan and to leverage strengths and opportunities and minimize weaknesses and threats from its SWOT, where and when possible. In selecting the priorities, besides the mentioned plans and assessments, the PMC assessed its own workforce and financial capabilities.

After several face-to-face meetings, members developed the first draft of the Strategy Map with

priorities, strategies and objectives. The final strategic issue areas selected, included: Long Healthy Life, Readiness for Emerging Health Threats and Effective Agency Processes. The SWOT Linkage Tool was used to help in creating strategies. A specific, measurable, achievable, relevant and time bound (SMART) objective template was provided to all PMC members for reference while they recommended the objectives (The team members had been advised to gather feedback and discuss their recommendations from their area, with program managers prior to attending the meeting). While recommending objectives, the PMC constantly reviewed the previous DOH-Pinellas Strategic Plan. This ensured that the recommended objectives would act as a bridge, and ensure continuity with the previous plan, as well as incorporate new elements. Leads then worked with program managers and their staff to write and revise strategies and objectives for each goal area.

During successive meetings, the potential objectives were then presented in a worksheet with graphical information e.g. pie charts, bar charts, reports etc., showing baseline information and recommendations from program managers on setting targets. The intention was to encourage two-way communication and manage quantitative and qualitative data and information using an interactive and engaging platform. This worksheet was given to all PMC members as a handout and presented on a screen during the PMC meeting. Thus, a detailed discussion took place on each of the recommended objectives. The final objectives that were mutually agreed upon by the PMC were then input into the Strategy Map, which was revised and edited after each meeting, until the entire team gave its final approval.

Monitoring Summary

The PMC is responsible for measuring, monitoring and reporting of progress on the goals and objectives of the Strategic Plan. The members will monitor the Strategic Plan through monthly executive management meetings, where the Strategic Plan will be a standing agenda item.

The monitoring process includes the QI Council reporting on the objectives at least quarterly. The assigned contact will update the status of the action plan for each objective as well as the current value of the measure on the performance dashboard. This information will be reviewed by the QI Council who will meet in priority teams quarterly with a team leader who will facilitate the session. The performance dashboard will be monitored by the Strategic Planning Lead and Planning and Partnerships Manager. They will make sure the data is available for the QI Council before the priority teams meet. As members of the PMC, the Strategic Planning Lead and Planning and Partnerships Manager will provide detailed reports to the PMC, for review and discussion, at least quarterly.

The PMC will review the Strategic Plan tracking reports quarterly, which will show progress toward goals and objectives. Annually, a Strategic Plan Progress Report assessing the cumulation of that progress will be created.

We will revise the Strategic Plan annually starting in December 2019, 2020 and 2021, based on an assessment of availability of resources and data, community readiness, the current progress, emerging trends and the alignment of goals.

Appendices

Appendix C: Stakeholder Engagement

The Florida Department of Health in Pinellas County has been working diligently to maintain transparency throughout the Strategic planning process. DOH-Pinellas Director Dr. Ulyee Choe, DO has engaged community stakeholders through numerous channels. Activities were shared and will continue to be shared with the community through our CHAT Team. CHAT, a team comprised of representatives including (but not limited to) members from the following organizations:

AIDS Healthcare Foundation
Allegany Franciscan Ministries
American Cancer Society
Area Agency on Aging
BayCare
Bright Community Trust
Central Florida Behavioral Health Network
City of Dunedin
City of Largo
City of Pinellas Park
City of St. Petersburg
Community Foundation of Tampa Bay
Community Health Centers of Pinellas
Community Law Program
Department of Juvenile Justice
Domestic Violence Task Force
Early Learning Coalition of Pinellas County, Inc.
Feeding Tampa Bay
Florida Bicycle Association
Florida Dream Center
Florida Hospital North Pinellas
Florida Voices for Health
Foundation for a Healthy St. Petersburg
Great Explorations Children's Museum
Guided Results
Healthy Start Coalition of Pinellas County, Inc.
Human Community Management
In Season Pro
Johns Hopkins All Children's Hospital
Moffitt Cancer Center
NAMI Pinellas County
Operation PAR
Personal Enrichment through Mental Health Services
Pinellas County Board of County Commissioners
Pinellas County Human Services
Pinellas County Wellness
Pinellas County Schools
Public Defender's Office
St. Petersburg College
St. Petersburg Free Clinic
St. Vincent de Paul
Suncoast Center
Suncoast Health Council
Tampa Bay Healthcare Collaborative
UF IFAS Extension
USF College of Public Health
USFSP Family Study Center

03/25/19: The Community Health and Performance Management team is invited to present DOH-Pinellas' SWOT analysis to community leaders from health and human services organizations. They will also be presenting how this helped the Strategic Planning Committee come up with their priority areas as well as the objectives that align with the CHA/CHIP.

Appendices

Appendix D: Alignment

Objective	Priority: Long, Healthy Life					
	CHA/CHIP	**CHD QI Plan**	**Agency QI Plan**	**Agency Strategic Plan**	**Agency Health Improvement Plan**	**Responsibility**
Objective 1.1.1A: Reduce the three-year rolling average of black infant mortality rate from 11.5 to 10.5 per 1000 live births between April 1, 2019 and December 31, 2021	CHIP Objective AC 2.2.1 CHA Maternal and Child Health Status	--	--	Objective 1.1.1A	Goal MCH1	Kathy Clark
Objective 1.1.2A: Increase percentage of Women Infants Children (WIC) clients who report ever breastfeeding from 80.3% to 83% between April 1, 2019 and December 31, 2021	CHIP Objective AC 2.3.1 CHA Maternal and Child Health Status	Program Project 2	--	Strategy 1.1.1, Strategy 2.1.1	Goal MCH1	Barb Sarver
Objective 1.1.2B: Increase the Women Infant Children (WIC) overall breastfeeding duration at six months from 28.6% to 30% between April 1, 2019 and December 31, 2021	CHIP Objective AC 2.3.2 CHA Maternal and Child Health Status	Program Project 2	--	Strategy 1.1.1, Strategy 2.1.1	Goal MCH1	Barb Sarver
Objective 1.1.3A: Increase the percentage of third graders in public schools in Pinellas that are at healthy weight by sixth grade from 59% to 62% between June 2018 and June 2021	--	--	--	Strategy 2.1.1	Priority 5	Deb Shaffer

Objective	Priority: Long, Healthy Life					
	CHA/CHIP	**CHD QI Plan**	**Agency QI Plan**	**Agency Strategic Plan**	**Agency Health Improvement Plan**	**Responsibility**
Objective 1.1.4A: Increase the rate of colorectal cancer screening for adult primary care clients 50-75 years of age from 48.17% (2017-2018) to 60% between April 1, 2019 and December 31, 2021	CHA Cancer Status	--	--	Objective 2.1.3A	Priority 8	Linda Kahle
Objective 1.1.4B: Decrease percentage of adults who currently smoke from 20.3% to 19.8% between April 1, 2019 and December 31, 2021	CHA Substance Abuse Status	--	--	Objective 3.1.4B	Priority 8	Sonja Davis
Objective 1.1.4C: Decrease youth aged 11-17 who currently inhale nicotine from 22.2% to 19.1% between April 1, 2019 and December 31, 2021	--	--	--	Objective 3.1.4A	Priority 8	Sonja Davis
Objective 1.1.5A: Increase the number of children with access to care through school-based health clinics from 3,642 (2017-2018) to 4,000 between April 1, 2019 and December 31, 2021	CHIP Goal AC 1	--	--	Strategy 2.1.1	Goal MCH3	Theresa Skipper
Objective 1.1.5B: Decrease the rate of preventable medical- and dental-related hospitalizations among primary care clients from 6.2% (2017-2018) to less than 5% between April 1, 2019 and December 31, 2021	CHIP Objective AC 1.2.1	--	--	Goal 2.1	Priority 1	Linda Kahle

Objective	Priority: Readiness for Emerging Health Threats					
	CHA/ CHIP	**CHD QI Plan**	**Agency QI Plan**	**Agency Strategic Plan**	**Agency Health Improvement Plan**	**Responsibility**
Objective 2.1.1A: Increase certification of immunization percentage of kindergarten children from 92% to 95% between April 1, 2019 and December 31, 2021	--	--	--	Strategy 3.1.1	Goal IM2	Shelly Personette
Objective 2.1.1B: Increase the percent of completion of 1st dose of MenB for ages 16-23 years old from 10.56% to 15% between January 1, 2020 and December 31, 2021	--	--	--	Objectives 3.1.1B, 3.1.1C	Goal IM2	Shelly Personette
Objective 2.1.2A: Decrease cases of Chlamydia infections in non-Hispanic females between ages of 15-29 years from 54% to 40% between April 1, 2019 and December 31, 2021	CHA Communicable Disease Status	--	--	Strategy 1.1.2	Goal ID3	Sherry Lewis
Objective 2.1.2B: Decrease cases of Gonorrhea infections in non-Hispanic Black males from 47% to 37% between April 1, 2019 and December 31, 2021	CHA Communicable Disease Status	--	--	Strategy 1.1.2	Goal ID3	Sherry Lewis
Objective 2.1.2C: Reduce the rate per 100,000 of total early syphilis cases in Pinellas from 30 to 25 between April 1, 2019 and December 31, 2021	CHA Communicable Disease Status	--	--	Objective 2.1.5E	Strategy ID1.1	Sherry Lewis

Objective	Priority: Readiness for Emerging Health Threats					
	CHA/ CHIP	**CHD QI Plan**	**Agency QI Plan**	**Agency Strategic Plan**	**Agency Health Improvement Plan**	**Responsibility**
Objective 2.1.2D: Reduce the rate per 100,000 of newly diagnosed HIV infections in the Black population in Pinellas from 74 (2018) to 72 between January 1, 2020 and December 31, 2021	CHA Communicable Disease Status	Program Project 1	--	Objective 2.1.5B	Goal ID2	Darius Lightsey
Objective 2.1.2E: Increase the proportion of AIDS Drug Assistance Program (ADAP) clients with an undetectable viral load from 91% to 92% between April 1, 2019 and December 31, 2021	--	--	--	Objective 2.1.5D	Goal ID2	Darius Lightsey

Objective	Priority: Effective Agency Processes					
	CHA/ CHIP	**CHD QI Plan**	**Agency QI Plan**	**Agency Strategic Plan**	**Agency Health Improvement Plan**	**Responsibility**
Objective 3.1.1A: Increase DOH-Pinellas marketing opportunities and campaigns from zero to 12 between April 1, 2019 and December 31, 2021	--	--	--	Goal 4.1	--	Maggie Hall
Objective 3.1.2A: Increase the number of lean six sigma quality improvement projects based on focused QI processes and daily business operations from zero to three between April 1, 2019 and December 31, 2021 (note: these projects are in addition to the QI Council QI projects)	--	Project Objective	Goal 5	Strategy 4.1.1	--	Shanya Turner

Objective	Priority: Effective Agency Processes					
	CHA/ CHIP	**CHD QI Plan**	**Agency QI Plan**	**Agency Strategic Plan**	**Agency Health Improvement Plan**	**Responsibility**
Objective 3.1.3A: Between April 1, 2019 and December 31, 2021, increase the number of DOH-Pinellas employees who completed Cultural Awareness: Introduction to Organizational Cultural Competence and Addressing Health Equity: A Public Health Essential online training from less than 1% (2018) to at least 95%	CHIP Goal AC 1	--	--	Objective 1.1.3A	Priority 1	Shanya Turner
Objective 3.1.3B: Increase the percentage of DOH-Pinellas clients who feel staff are culturally sensitive and respectful in a manner that fosters both a welcoming and comfortable environment, from 91% to 94% between April 1, 2019 and December 31, 2021	CHIP Goal AC 1 CHIP Goal SDH 1	--	--	Strategy 1.1.3	Priority 1	Shanya Turner
Objective 3.1.4A: Increase DOH-Pinellas salaried position retention rate from 78.55% to 80% between April 1, 2019 and December 31, 2021	--	--	--	Goal 4.1	--	Dawn Quintana

Appendices

Appendix E: Action Plan March 2019

STRATEGIC PRIORITY AREA: LONG, HEALTHY LIFE					
Goal 1.1: Increase healthy life expectancy, including the reduction of health disparities to improve the health of all groups.					
Objective	**Activity**	**Process Measure/Output**	**Timeframe**	**Responsible Parties**	**Outcomes**
Strategy 1.1.1: Reduction of racial disparities in infant mortality					
Objective 1.1.1A: Reduce the three-year rolling average of black infant mortality rate from 11.5 to 10.5 per 1000 live births between April 1, 2019 and December 31, 2021	Place Safe Sleep workers in the 3 largest WIC Clinics (St. Pete, Mid-County, and Clearwater)	A minimum of 50 WIC clients will receive safe sleep education per week	3/1/19-6/30/21	Kathy Clark	A minimum of three WIC clinics will have a safe sleep worker stationed within the clinic to provide safe sleep education to WIC participants by June 2021
	Reach out to local OB practices to offer Safe Sleep and Breastfeeding education materials/resources	Educate a minimum of 50% of OB practices in Pinellas County	5/1/19-6/30/21		
	Provide Community Education/presentations on Safe Sleep and Breastfeeding to organizations that serve women in the African American Community	Present to a minimum of one OB practice, one Pregnancy Center, and one Faith based organization per year	6/1/19-6/30/21		
Strategy 1.1.2: Increase initiation and duration of breastfeeding rates					
Objective 1.1.2A: Increase percentage of Women Infants Children (WIC) clients who report ever breastfeeding from 80.3% to 83% between April 1, 2019 and December 31, 2021	Develop a WIC/MCH observation tool to evaluate staff ability to ask probing questions and to evaluate quality of breastfeeding education	Observation Tool will be used to evaluate 75% of staff that provide breastfeeding education	10/1/19-6/30/21	Barb Sarver	Increase the average attendance in WIC infant feeding or breastfeeding support groups from an average of 14 per month in Q4 2018 to an average of 20 per month in Q2 in 2021
	Promote breastfeeding in the community	Hold a minimum of 4 community outreach events per year to discuss the health benefits of breastfeeding and access to resources	3/1/19-6/30/21		
	Increase the number of OB practices that offer positive breastfeeding materials visible in patient waiting areas	A minimum of 75% of OB practices have positive breastfeeding materials, such as BrF window clings, resources lists, etc	4/1/19-6/30/21		
Objective 1.1.2B: Increase the Women Infant Children (WIC) overall breastfeeding duration at six months from 28.6% to 30% between April 1, 2019 and December 31, 2021	Reach out to local businesses about becoming Breastfeeding Friendly employers	A minimum of 12 Pinellas employers will become certified as Breastfeeding Friendly	3/1/19-6/30/21	Barb Sarver	A countywide coordinated strategy for breastfeeding, targeting licensed daycares and their staff will be implemented by June 2020
	Reach out to local Childcare Providers about becoming Breastfeeding Friendly Childcare Providers	A minimum of 18 Childcare Providers will become certified as Breastfeeding Friendly	6/1/19-6/30/21		
	Increase number of child care providers that receive breastfeeding resources	75% of child care providers will receive breastfeeding resources at least once annually	4/1/19-6/30/21		

Strategy 1.1.3: Promote healthy weight in youth					
Objective 1.1.3A: Increase the percentage of third graders in public schools in Pinellas that are at healthy weight by sixth grade from 59% to 62% between June 2018 and June 2021	Establish baseline by obtaining mandatory screening of Body Mass Index (BMI) of third graders from school year 2017-2018	Report Created	Jun-18	Deb Shaffer	Increase the percent of adults that are at a normal weight
	Assist municipalities in being designated as Healthy Weight Community Champions - a recognition program of the Surgeon General	2 Municipalities complete and submit an application to be designated as Healthy Weight Community Champion	Annually 3/1/19-6/30/21 Annually 3/1/19-9/30/21		
	Assist school district in being designated as Gold-Level Florida Healthy School District	School District is recognized at the Gold Level	Annually 3/1/19-8/31/21		
	Work with Pinellas County Schools (PCS) to establish vegetable gardens at elementary schools	3 schools establish a vegetable garden	Annually 3/1/19-6/30/21		
	Provide referral sources for nutrition services and community resources for physical activity to parents of students in Pinellas County Schools	Referrals for nutrition services are offered to 100 parents of students in Pinellas County School District schools	Annually 3/1/19-6/30/21		
	Provide educational opportunities focused on nutrition and physical activity offered to students in Pinellas County Schools	Educational opportunities focused on nutrition and physical activity are offered to 100 students in Pinellas County School District schools	3/1/19-6/30/21		
	Provide educational opportunities focused on nutrition and physical activity offered to parents and staff of students in Pinellas County School District schools	Educational opportunities focused on nutrition and physical activity are offered to 100 parents and staff in Pinellas County School District schools	3/1/19-6/30/21		
	Ensure mandatory screening of BMI of sixth graders is completed during school year 2020-2021	Number of 6th grade students identified as being at a normal weight for 2020-2021	3/1/19-3/30/2021		
Strategy 1.1.4: Reduce incidence of chronic disease					
Objective 1.1.4A: Increase the rate of colorectal cancer screening for adult primary care clients 50-75 years of age from 48.17% (2017-2018) to 60% between April 1, 2019 and December 31, 2021	Ensure all clinic sites follow a consistent procedure to identify and initiate colorectal cancer screening for all eligible clients	Distribute LOP to all clinic sites	3/1/19-5/31/19	Linda Kahle	Increase the FOBT Kit Delivery Rate by 15%
	Monitor to ensure clinic sites follow the LOP	Use LOGI and HEDIS reports to monitor FOBT Kit distribution and/or completed colonoscopies	6/1/19-9/30/19		
	Provide regular screening data/rates to clinics to maintain focus	Distribute reports that show completed screening by location and provider	12/1/19-2/28/20		

Objective 1.1.4B: Decrease percentage of adults who currently smoke from 20.3% to 19.8% between April 1, 2019 and December 31, 2021	Conduct Tobacco Free Coalition meetings	Conduct at least 4 meetings of the Tobacco Free Coalition of Pinellas County	Quarterly 4/1/19-6/1/21	Sonja Davis	Increase the number of adults that do not smoke or use tobacco or electronic nicotine delivery systems
	Distribute AHEC Smoking Cessation class lists to partners and clinics	Distribute AHEC Smoking Cessation class schedule each month to DOH-Pinellas centers and community partners	Monthly 4/1/19-6/30/21		
	Work with local multiunit housing management representatives to adopt smoke free policies on their property	Work with at least 12 local multiunit housing management representatives to adopt smoke free policies on their property	Quarterly4/1/19-6/30/21		
	Work with local employers to establish a workplace tobacco free policy	Work with at least 12 local employers to establish a workplace tobacco free policy	Quarterly 4/1/19-6/1/21		
	Participate in Tobacco Control Observances or Sponsor/Host Community Based Events to educate the community on the dangers of tobacco use and electronic nicotine delivery systems (ENDS)	Participate or sponsor 5 events that educate the community on the dangers of tobacco use and electronic nicotine delivery systems (ENDS)	Quarterly 4/1/19-6/13021		
Objective 1.1.4C: Decrease youth aged 11-17 who currently inhale nicotine from 22.2% to 19.1% between April 1, 2019 and December 31, 2021	Establish a baseline of the number of youth cited for possession/use of tobacco products and/or electronic nicotine delivery systems on school campus from PSC Prevention Office	Baseline established	School year 2018/2019	Sonja Davis	Increase the number of adults that do not smoke or use tobacco or electronic nicotine delivery systems
	Obtain the number of youth cited for possession/use of tobacco products and/or electronic nicotine delivery systems on school campus from PCS Prevention Office	Number of youth cited for possession/use of tobacco produces and/or electronic nicotine delivery systems on school campuses	Annually 3/1/19-6/30/21		
	Partner with PCS Prevention Office to conduct the Florida Youth Tobacco Survey	Survey is conducted	Annually 3/1/19-6/30/21		
	Establish or maintain a Students Working Against Tobacco (SWAT) Chapter at Pinellas County Middle and/or High Schools and community locations	Establish 10 active Students Working Against Tobacco (SWAT) Teams in Pinellas County	Annually 3/1/19-6/30/21		
	Ensure that youth representatives of SWAT participate in regional and state-wide activities. Steve Sergent is the SWAT Coordinator and one of his responsibilities is to get youth representatives of SWAT to participate in local, regional and state-wide activities	150 youth participate in local, regional and statewide activities	Annually 3/1/19-6/30/21		
	Educate youth on the dangers of tobacco use and electronic nicotine delivery systems (ENDS)	Conduct 5 presentations to youth on the dangers of tobacco use and electronic nicotine delivery	Annually 3/1/19-6/30/21		
	Educate parents and staff of youth on the dangers of tobacco use and electronic nicotine delivery systems (ENDS)	Conduct 10 presentations to parents and school staff on the dangers of tobacco use and electronic delivery systems	Annually 3/1/19-6/30/21		
	Participate in Tobacco Control Observances or Sponsor/Host Community Based Events to educate the community on the dangers of tobacco use and electronic nicotine delivery systems (ENDS)	Participate or sponsor 5 events that educate the community on the dangers of tobacco use and electronic nicotine delivery systems (ENDS)	Annually 3/1/19-6/30/21		

Strategy 1.1.5: Increase access to care					
Objective 1.1.5A: Increase the number of children with access to care through school-based health clinics from 3,642 (2017-2018) to 4,000 between April 1, 2019 and December 31, 2021	Development of marketing material to inform target population	Develop three marketing campaigns	3/1/19-12/1/21	Theresa Skipper	Increased awareness of clinic services and increased activities in the school and community with community partnerships as evidenced by increased unduplicated clients and clinic services
	Provide outreach activities/events to the school and community population	Staff participate/plan 50 activities/outreach events	3/1/19-12/1/19		
	Partner with community agencies to enhance services	Development of a community resource guide for pediatric services	3/1/19-12/1/21		
Objective 1.1.5B: Decrease the rate of preventable medical- and dental-related hospitalizations among primary care clients from 6.2% (2017-2018) to less than 5% between April 1, 2019 and December 31, 2021	Create a team to assist with analyzing Hospital Data. Determine if there are patterns for admissions and look for high utilizers (nights, weekends)	Team creation of report showing patterns of admissions and high utilizers	8/1/19-10/31/19	Linda Kahle	Increase the number of enrolled clients accessing medical and dental services By 5%
	Utilize care coordinators and/or other designated staff to survey clients regarding hospital use	Create a brief client questionnaire for use by designated staff	11/1/19-12/31/19		
	Use data gathered from the analysis and client surveys to implement interventions	Create report with findings and work with programs to implement interventions	1/1/20-2/28/20		

STRATEGIC PRIORITY AREA: READINESS FOR EMERGING HEALTH THREATS					
Goal 2.1: Readiness for Emerging Threats					
Objective	**Activity**	**Process Measure/Output**	**Timeframe**	**Responsible Parties**	**Outcomes**
Strategy 2.1.1: Increase Vaccination Rates					
Objective 2.1.1A: Increase certification of immunization percentage of kindergarten children from 92% to 95% between April 1, 2019 and December 31, 2021	Provide information letter regarding kindergarten immunization requirements to Pinellas County Licensing Board for distribution to daycare/preschool centers that provide services to 4- and 5-year-olds	Letter created and provided to Pinellas County Licensing Board	Annually 4/1/19-12/31/21	Shelly Personette	Increase in the number of kindergarteners that are fully immunized at the start of school
	Coordinate with Early Learning Coalition to disseminate information to parents about kindergarten immunization requirements	Dates of coordination Types of information shared	Annually 4/1/19-12/31/21		
	Provide presentation regarding kindergarten immunization requirements at Head Start School Readiness meeting	Presentation Created	Annually 4/1/19-12/31/21		
	Coordinate with Pinellas County School Health Services (PCSHS) to distribute kindergarten immunization requirements to school-based VPK parents	Kindergarten immunization requirements shared	Annually 4/1/19-12/31/21		
	Hold School Health/Immunization Workgroup meetings	Meeting held	Annually 4/1/19-12/31/21		
	Complete Compulsory Report	completed report	Annually 4/1/19-12/31/21		
	Conduct imm school monitoring at 5 elementary schools	5 completed feedback reports	Annually 4/1/19-12/31/21	Diana Means	
	Conduct kindergarten compliance reviews in FOCUS for PCSHS VPK sites	Location of compliance reviews Date review completed	Annually 4/1/19-12/31/21		
	Conduct trainings for PCS Data Management Techs (DMTs)	# of DMTs trained Date of training	Annually 4/1/19-12/31/21		
	Compile list of agencies/organizations that will provide kindergarten immunization services and share with the community	compiled list of Community locations that receive list	Annually 4/1/19-12/31/21	Shelly Personette	

Objective 2.1.1B: Increase percent of those who have completed the first HPV shot (reported through FL Shots) from 40% to 50% between April 1, 2019 and December 31, 2021	Email monthly reminder to CHD providers to offer HPV vaccine in clinics to eligible STD/FP clients	Send at least 12 emails per year	Monthly 4/1/19-12/31/21	Shelly Personette	Providers will offer the vaccine to the clients
	Keep abreast of changes to vaccine availability through PC17 and also changes to age recommendations	Updates monthly through Immunization Nurse Committee meetings (meeting minutes)	Monthly 4/1/19-12/31/21		
	Provide HPV education and training through HPV Ambassador program	Evaluations and sign-up sheets provided following each training session	Quarterly 4/1/19-12/31/21		
	Request snapshot of HPV vaccine given in Pinellas County from FL SHOTS office quarterly	Quarterly report on HPV vaccinations given shared with DCD and QI group	Quarterly 4/1/19-12/31/21		
	Coordinate with FLSHOTS office to ensure data meets CDSI updates	Updated reports	3/1/19-3/31/19	Sharlene Edwards	
	Advertise and provide educational information about the HPV vaccine during back-to-school and cervical cancer month	Copies of educational information and ads; finalize and approve campaign	Annually (January, July)	Shelly Personette	
	Develop a work plan and timeline outlining work with local sports team on youth education initiative	Completed work plan with timelines	4/1/19-12/31/21		
	Provide HPV updates at quarterly School Health Imm Workgroup	Quarterly meeting minutes	Quarterly 4/1/19-12/31/21		
	Provide HPV vaccines during outreach to targeted groups	Scheduled 5 outreaches per year and FLShots reports	4/1/19-12/31/21		

Strategy 2.1.2: Promote prevention of HIV and STDs					
Objective 2.1.2A: Decrease cases of Chlamydia infections in non-Hispanic females between ages of 15-29 years from 54% to 40% between April 1, 2019 and December 31, 2021	Develop an STD Advisory Council (SAC) and identify potential groups/individuals to be part of this council (e.g., Providers, LGBT+ groups, Schools, CBOs, CHCs, PrEP/Linkage)	STD Advisory Council	4/1/19-8/31/19	Sherry Lewis	Create SAC to achieve goals and reduce STD infections
	Identify and invite partners and set first SAC meeting Note: DOH-Pinellas leadership will meet monthly and meetings with partners will be Quarterly	SAC calendar meetings	9/1/19-9/30/19		
	Coordinate an initiative with the City of St. Petersburg to put out condom dispensers in high-risk communities	One condom "vending machine" per high-risk area	10/1/19-12/31/21	Gayle Guidash	Improve accessibility to condoms in high-risk areas
	Create a map based on ZIP code for non-Hispanic females' chlamydia cases between the ages of 15-29 for 2018	ZIP Code Map	4/1/19-4/30/19	Sharlene Edwards	Map identifying high morbidity areas
	Create a second map based on Census tract for non-Hispanic females' chlamydia cases between the ages of 15-29 for 2018	Census tract Map	4/1/19-4/30/19		
	Research, identify and discuss areas across Pinellas County for targeted outreach activities based on 2018 ZIP codes and census tract chlamydia maps	Outreach locations/calendars	10/1/19-12/31/21	Sherry Lewis	Targeted locations for outreach activities
	Using both maps, identify and target providers located in high morbidity areas to increase marketing and educational activities	identify providers	10/1/19-12/31/21		Identify frequency of STD testing and increase educational activities in high morbidity areas
	Identify volume of STD testing being done by providers in high morbidity areas	Providers testing Report	10/1/19-12/31/2019		
	Obtain and analyze providers' data from PRISM to assess who is reporting	Report	10/1/19-12/31/2019		
	Develop chlamydia infographics, educational materials and campaigns (for public and providers) targeting Non-Hispanic females between the ages of 15-29-years-old	A minimum of one flyer, card, or infographic will be provided to clients	10/1/19-12/31/2019		Distribute educational material to targeted areas
	Partner and share information with DOH NACCHO Sexual Health Collaborative group and identify areas for future collaborations in adolescence-related activities	Quarterly	10/1/19-12/31/21		Creating partnerships to effectively improve educational practices
	Assess PJACs STD educational component and identify what material/information is being provided	Report	10/1/19-12/31/21		Improve effectiveness of STD education
	Evaluate progress and completion of each activity	Quarterly	10/1/19-12/31/21		Track and report status of each activity

Objective 2.1.2B: Decrease cases of Gonorrhea infections in non-Hispanic Black males from 47% to 37% between April 1, 2019 and December 31, 2021	Create a map based on ZIP code for Non-Hispanic Black males' gonorrhea cases 2018	ZIP code Map	4/1/19-4/30/19	Sharlene Edwards	Map identifying high morbidity areas
	Create a second map based on Census tract for Non-Hispanic Black males' gonorrhea cases for 2018	Census tract Map	4/1/19-4/30/19		
	Research, identify and discuss areas across Pinellas County for targeted outreach activities based on 2018 ZIP codes and census tract gonorrhea maps	Outreach locations/calendars	05/01/19-12/31/21	Sherry Lewis	Targeted locations to provide outreach
	Using both maps, identify and target providers located in high morbidity areas to increase marketing and educational activities	Identify providers Report	05/01/19-12/31/21		Identify frequency of STD testing and increase educational activities in high morbidity areas
	Obtain and analyze providers' data from PRISM to assess who is reporting	Report	05/01/19-12/31/19		
	Develop gonorrhea infographics, educational materials and campaigns (for public and providers) targeting Non-Hispanic Black males	A minimum of one flyer, card, or infographic will be provided to clients	05/01/19-12/31/19		Distribute educational material to targeted areas
	Assess PJACs STD educational component and identify what material/information is being provided	Report	05/01/19-12/31/21		Improve effectiveness of STD education
	Evaluate progress and completion of each activity	Quarterly	05/01/19-12/31/21		Track and report status of each activity

Objective 2.1.2C: Reduce the rate per 100,000 of total early syphilis cases in Pinellas from 30 to 25 between April 1, 2019 and December 31, 2021	Create a syphilis (Primary/Secondary/Early Latent) map by ZIP code based on all demographics for 2018	Map	4/1/19-4/30/19	Sharlene Edwards	Map identifying high morbidity areas
	Create a syphilis (Primary/Secondary/Early Latent) map based on Census tract for 2018 early syphilis cases	Map	4/1/19-4/30/19		
	Research, identify and discuss areas across Pinellas County for targeted outreach activities based on 2018 ZIP codes and census tract syphilis maps	Outreach location/calendars	05/01/19-12/31/21	Sherry Lewis	Targeted locations to provide outreach
	Update 2018 syphilis cases to identify demographics and risk factors in Pinellas County	Morbidity report	4/1/19-4/30/19	Sharlene Edwards	Pinellas County 2018 syphilis morbidity report
	Using both maps, identify and target providers located in high morbidity areas to increase marketing and educational activities	Identify providers Report	05/01/19-12/31/21	Sherry Lewis	Identify frequency of STD testing and increase educational activities in high morbidity areas
	Develop syphilis-specific infographics and educational materials to be used for the public and providers, which will include how to recognize symptoms	A minimum of one infographic will be provided to clients	05/01/19-12/31/21		
	Create advertisements for mobile hook-up apps and evaluate data on how many individuals have been reached through these adds	Mobile apps advertisements and data reports	05/01/19-12/31/21		
	Research and review rates of syphilis lab tests done by the state laboratory and assess trends	Report	05/01/19-12/31/21		Report of syphilis tests and how results were interpreted
	Provide educational campaign to providers (eg, OB-GYN) to ask patients about STD testing	Educational materials addressing high-risk group will be given to providers, as budget permits, including STD information	05/01/19-12/31/21		Provide educational material to providers
	Evaluate progress and completion of each activity	Quarterly	05/01/19-12/31/21		Track and report status of each activity

Objective 2.1.2D: Reduce the rate per 100,000 of newly diagnosed HIV infections in the Black population in Pinellas from 66 to 64 between April 1, 2019 and December 31, 2021	Create a ZIP code-based map of newly diagnosed blacks from 2017	Map	3/1/2019-3/31/19	Sharlene Edwards	Map identifying high morbidity areas
	Stratify newly diagnosed blacks based on sex, age groups and risk factors (using Epi profile) for 2017	Report	3/1/2019-3/31/19		
	Research and present educational prevention models that target black population to determine adaptability (MSM and non-MSM)	One presentation to SAC to identify prevention model	4/1/19-4/30/19	Darius Lightsey	Increase educational activities within high-risk population
	Research prevention and education through mobile hook-up apps and social media	Final Quote	4/1/19-4/30/19		
	Create a campaign/slogan to promote HIV prevention and safe sex behaviors ("My Life Matters")	Logo and Slogan	5/1/19-12/31/21		
	Partnering with Zero Pinellas for educational activities	Monthly calendar of events	5/1/19-12/31/21		Create partnership to increase outreaches and reduce HIV infections
	Create and develop educational series (ie, listen and learn) to be hosted in different locations across Pinellas County based on ZIP codes	Develop one curriculum	4/1/19-12/31/19		Distribute educational material to targeted areas
	Provide listen and learn in different locations across Pinellas County based on ZIP codes	Quarterly	5/1/19-12/31/21		
	Identify specific incentive items that can be provided to those who attend prevention and testing sessions	Number of incentives (at least one) to be provided	4/1/19-4/30/19		
	Research and adapt educational and promotional tool-kits for after school and youth programs	Proposal	4/1/19-12/31/19		Increase educational activities within high-risk population
	Participate in the STD Advisory Council (SAC)	SAC calendar meetings	4/1/19-12/31/19		Create partnership to increase outreaches and reduce HIV infections
	Invite HIP contract holders to participate in the STD Advisory Council	Meeting sign-in sheet including at least one contract holder	4/1/19-12/31/19		
	Coordinate with HIP contract holders to target the appropriate population	Identified their deliverables	4/1/19-12/31/19		
	Coordinate an initiative with the City of St Petersburg to put out condom dispensers in high-risk communities	One condom "vending machine" per high-risk ZIP code area	5/1/19-12/31/21	Gayle Guidash	Improve accessibility to condoms in high-risk areas
	Evaluate progress and completion of each activity	Quarterly	5/1/19-12/31/21	Darius Lightsey	Track and report status of each activity

Objective 2.1.2E: Increase the proportion of AIDS Drug Assistance Program (ADAP) clients with an undetectable viral load from 91% to 92% between April 1, 2019 and December 31, 2021	Stratify demographics (age, gender, race/ethnicity) of current ADAP clients	Quarterly report	3/1/19-3/31/19	Darius Lightsey	Report on ADAP clients in Pinellas County
	Create a map of current ADAP clients by ZIP code	Map	3/1/19-3/31/19	Sharlene Edwards	Map identifying high morbidity areas
	Design and develop educational viral load suppression cards (green = suppressed/red = not suppressed)	Cards	4/1/19-7/31/19	Darius Lightsey	Provide clients with information on their viral load status
	Provide education to ADAP clients regarding what viral load means and how to keep it suppressed at each monthly visit	To be documented in the "notes" section of Provide	8/1/19-12/31/21		
	Determine percentage of ADAP clients for each provider	Annual	8/1/19-12/31/21		Identify treatment statuses and increase educational activities in high morbidity areas
	Provide feedback to contracted CBOs on percentage of ADAP virally suppressed	Biannually	8/1/19-12/31/21		
	Make viral load suppression cards available in STD and Family planning	One card with viral load information will be provided to clients	8/1/19-12/31/21		Provide educational information to providers and partners
	Hang up posters in each counseling room and front area of ADAP and providers' clinics	A minimum of one poster will be provided to ADAP clinics and providers to display	8/1/19-12/31/21		
	Market/advocate to HIV/AIDS clients about maintaining healthy status through TV (and radio) advertisements and provide commercials to CBOs	One commercial will be created, budget permitting, to promote healthy status in high-risk population	8/1/19-12/31/21		Inform general public regarding HIV/AIDS
	Research and develop contest for virally suppression appreciation	Contest development	8/1/19-12/31/21		Incentive for those who are virally suppressed
	Evaluate progress and completion of each activity	Quarterly	8/1/19-12/31/21		Track and report status of each activity

STRATEGIC PRIORITY AREA: EFFECTIVE AGENCY PROCESSES					
Goal 3.1: Establish a sustainable infrastructure and standardized business practices					
Objective	**Activity**	**Process Measure/Output**	**Timeframe**	**Responsible Parties**	**Outcomes**
Strategy 3.1.1: Improve internal and external communication					
Objective 3.1.1A: Increase DOH-Pinellas marketing opportunities and campaigns from zero to 12 between April 1, 2019 and December 31, 2021	Coordinate with DOH-Pinellas programs to identify 12 observances/topics	12 observances/topics chosen	4/1/19-6/1/19	Maggie Hall	Time saved on creating new campaigns throughout this plan Increased awareness internally and externally of our programs and/or education
	Determine what current files/campaigns are complete and/or usable	Files chosen	6/30/19-11/30/19		
	Create 12 campaign folders on the (L:) Drive	12 folders completed and in the (L:) Drive	12/1/19-3/30/20		
Strategy 3.1.2: Promote a culture of QI (quality improvement)					
Objective 3.1.2A: Increase the number of lean six sigma quality improvement projects based on focused QI processes and daily business operations from zero to three between April 1, 2019 and December 31, 2021 (note: these projects are in addition to the QI Council QI projects)	Shortlist three areas for QI Projects	Areas shortlisted Clinical/Nursing/WIC/Disease Control	2/1/19-2/28/19	Shanya Turner	Increase in culture of QI in FDOH-Pinellas Functioning and daily business processes improved Increased employee satisfaction and retention
	Define Measure Project 1	Project Definition, current/projected future data collection plan	3/1/19-5/30/19		
	Analysis Project 1	Analysis plan, hypothesis testing, lean tools, root cause analysis	6/1/19-7/30/19		
	Improve Control Project 1	Improvement plan, operational methods sheet, control plan	8/1/19-12/31/19		
	Define Measure Project 2	Project Definition, current/projected future data collection plan	1/1/20-3/31/20		
	Analysis Project 2	Analysis plan, hypothesis testing, lean tools, root cause analysis	4/1/20-7/31/20		
	Improve Control Project 2	Improvement plan, operational methods sheet, control plan	8/1/20-12/31/20		
	Define Measure Project 3	Project Definition, current/projected future data collection plan	1/1/21-3/31/21		
	Analysis Project 3	Analysis plan, hypothesis testing, lean tools, root cause analysis	4/1/21-7/31/21		
	Improve Control Project 3	Improvement plan, operational methods sheet, control plan	8/1/21-12/31/21		

Strategy 3.1.3: Capacity building for HE (health equity)					
Objective 3.1.3A: Between April 1, 2019 and December 31, 2021, increase the number of DOH-Pinellas employees who completed Cultural Awareness: Introduction to Organizational Cultural Competence and Addressing Health Equity: A Public Health Essential online training from less than 1% (2018) to at least 95%	Coordinate with IT Trainer to facilitate availability of training to all staff and make the trainings available	2 trainings available to all staff	4/1/19-4/30/19	Shanya Turner	Staff has a better understanding of health equity and become more culturally competent
	Add trainings to mandatory training list for onboarding and annual staff trainings	Trainings on list for onboarding and annual staff trainings	5/1/19-12/30/19		
	Send reminder emails to all staff and/or supervisors to ensure staff complete training	At least two emails sent before deadline for annual trainings	As needed 1/1/19-1/1/20		
	Assign to Heath Equity Team for further evaluation	5 members of the team give input on increasing number of employees completing trainings	4/1/2019		
Objective 3.1.3B: Increase the percentage of DOH-Pinellas clients who feel staff are culturally sensitive and respectful in a manner that fosters both a welcoming and comfortable environment, from 91% to 94% between April 1, 2019 and December 31, 2021	Create email timeline or schedule for requesting positive client-staff success stories/interactions	Schedule completed	4/1/19-5/30/19	Shanya Turner	Clients are happier and healthier due to the changes in staff competence Increased staff comfortability in dealing with diverse clients
	Request positive client-staff success stories/interactions from all staff via email	At least one email sent to all staff per quarter	Quarterly, 4/1/19-5/30/19		
	Add Cultural Awareness: Introduction to Organizational Cultural Competence and Addressing Health Equity: A Public Health Essential trainings to mandatory training list for onboarding and yearly staff trainings	Completion	4/1/19-12/30/19		
	Assign to Heath Equity Team for further evaluation	5 members of the team give input on increasing staff who feel this way	4/1/2019		

Strategy 3.1.4: Focus on workforce development					
Objective 3.1.4A: Increase DOH-Pinellas salaried position retention rate from 78.55% to 80% between April 1, 2019 and December 31, 2021	Identify key agency benefits/perks to promote to all staff	Three key agency benefits/perks identified to promote to all staff	3/1/19-5/30/19	Dawn Quintana	Current employees have a better understanding of key agency benefits/perks Increased participation in these programs/benefits/perks
	Spotlight key agency benefits/perks via email, in onboarding, and internal newsletter	Each agency benefit/perk promoted in agency communication (email, newsletter, or staff meeting) annually	3/1/19-12/30/21		
	Send out email with internal job opening with link to description	Internal job opening email with link to description sent bi-weekly	3/1/19-12/30/21		
	Inquire about exit interview process to identify top three reasons why employees leave	Three reasons identified	2/1/19-12/30/19		
	Incorporate data from PH Wins survey to identify new action items	Three more items identified	4/1/19-12/31/19		

Appendices

Appendix F: Glossary

Baseline Data
Existing data that show current level of the indicator you are seeking to improve. Baseline data are used to determine the quantitative level for success and indicates how much change will occur if the desired outcome is achieved.

Goal
Long-range outcome statements that are broad enough to guide the agency's programs, administrative, financial and governance functions (Allison & Kaye, 2005).

Objective
Short to intermediate outcome statements that are specifically tied to the strategy and goal. Objectives are clear and measurable. *Measure of change, in what, by whom, by when*

Strategy
The approach you take to achieve a goal.

SWOT Analysis
A structured planning method used to evaluate the strengths, weaknesses, opportunities and threats involved in your agency.
- **Strengths**: characteristics of your agency that give it an advantage.
- **Weaknesses**: characteristics that place the agency at a disadvantage.
- **Opportunities**: outside elements that the agency could use to its advantage.
- **Threats**: elements in the environment that could cause trouble for the agency.

Target
Measurable and time specific target for achieving objectives.

EMT
Executive Management Team

OMT
Operation Management Team

PMC
Performance Management Council

SPIL Team
Strategy and Performance Improvement Leadership Team

QIC
Quality Improvement Council

Appendices

Appendix G: Revisions

January 2020

On January 14, 2020, the Pinellas Performance Management Council conducted a review of the strategic plan. The council discussed progress achieved and obstacles encountered objectives.

The table below depicts revisions to objectives from the January 14, 2020 review. Strikethrough indicates deleted text and underline indicates added text.

January 14, 2020 Revisions		
Objective Number	**Revisions to Objective**	**Rationale for Revisions**
2.1.2B	~~Increase percent of those who have completed the first HPV shot (reported through FL Shots) from 40% to 50% between April1, 2019 and December 31, 2021.~~ Increase the percent of completion of 1st dose of MenB for ages 16-23 years old from 10.56% to 15% between January 1, 2020 and December 31, 2021	Due to the recent Hepatitis A outbreak, HPV vaccines have become less available. Our target has also increase substantially in the last year for HPV vaccines while MenB has not.
2.1.2D	Reduce the rate per 100,000 of newly diagnosed HIV infections in the Black population in Pinellas from ~~66 to 64~~ 74 to 72 between ~~April 1, 2019~~ January 1, 2020 and December 31, 2021	Data originally used to create objective was for 2017. Recently, 2018 data became available and objective was updated.

March 2020

In March 2020, the state health office provided DOH-Pinellas with feedback on their strategic plan. After their suggestions, revisions were made that: added the baseline data year to each objective, aligned all objectives with the State Strategic Plan, and added the State Health Improvement Plan to the alignment table.